

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. FILING DATE

FILING DATE

APPLICANT(S)

10/049227

CLAIMS

	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52		/				
53		/				
54		/				
55	/					
56		/				
57		/				
58		/				
59		/				
60		/				
61		/				
62		/				
63		/				
64		/				
65		/				
66		/				
67	/					
68	/					
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						